



BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District


THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer


FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa Street, Los Angeles, CA 90012
(213) 240-8101

October 9, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D. 
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H. 
Director of Public Health and Health Officer

SUBJECT: **PREPARATIONS FOR SEVERE ACUTE RESPIRATORY SYNDROME
(SARS)**

This is to update you on our activities to prepare for SARS should it re-emerge in the coming months.

Background

Severe acute respiratory syndrome (SARS) was first reported in Asia in February of 2003. On March 13, 2003, CDC began issuing travel alerts (warning travelers about SARS, its symptoms and instructing them to seek medical attention if needed) for mainland China, Singapore, and Hanoi, Vietnam. In late April, travel alerts were upgraded to travel advisories (advising against travelers to affected areas) for Hanoi, Vietnam and Toronto, Canada. In May, the alerts were extended to Taiwan, and in June to mainland China including Beijing, and Hong Kong. All alerts were lifted by July 15, 2003. By July of 2003, 29 countries reported probable SARS cases throughout North and South America, Europe, and Asia. During the five months there were a total of 8,437 SARS cases (including 813 deaths) worldwide. The Centers for Disease Control and Prevention (CDC) reported 192 suspect and probable cases occurred in the U.S., with no fatalities. The cause of SARS was later identified as the coronavirus.

LA County Department of Health Services Response

On March 12, 2003, WHO released information on cases of severe pneumonia appearing in Asia, shortly thereafter named "SARS." In response to WHO and CDC alerts, the Los Angeles County Department of Health Services (DHS) issued press releases to alert the public and health professionals. A team of public health professionals was immediately established to prepare for possible SARS cases in Los Angeles. The SARS Team consisted of physicians, public health nurses, health educators and data technicians from the DHS Acute Communicable Disease Control Program (ACDC). The Team met at least twice daily to review the status of any new or existing suspect cases, and to discuss updates on case definitions, epidemiology, and treatment. ACDC also carefully followed all updates and in conjunction with DHS Communications, and Emergency Medical Services informed health professionals and the public of any changes.

Suspect Cases in Los Angeles

One week after the creation of the SARS team, ACDC began investigating the first suspected SARS case. By the end of March 2003, 17 suspected cases of SARS were reported in Los Angeles County, all of who had returned recently from Hong Kong, Mainland China, or Singapore. The SARS Team responded quickly to control possible community spread. Public health nurses closely monitored each case. Cultures from cases were forwarded to CDC laboratories for confirmation. Suspect and probable cases were placed under voluntary isolation for up to ten days post resolution of fever. None of the 22 suspected or probable SARS cases in Los Angeles tested positive for the coronavirus.

Dissemination of Information

ACDC prepared educational materials and clinical guidelines for front line health professionals in Los Angeles County such as emergency room medical staff, hospital infection control practitioners, and primary care physicians. These materials were mailed to health professionals along with 72-hour and 10-day isolation forms for patients that were symptomatic with travel histories to affected areas. Regular updates on any changes on clinical diagnosis or treatment were also sent to medical staff via e-mail, letters, and fax. Members from the SARS Team also provided ongoing individual consultation to medical staff.

Healthcare facilities were sent materials to post in waiting rooms instructing patients with specific symptoms who may have traveled to SARS affected areas, to immediately inform medical staff and limit contact with other patients. SARS Team physicians and public health nurses made over 50 presentations to healthcare providers in hospitals and clinics throughout the County regarding the epidemiology and treatment of SARS. ACDC staff sent a series of informational letters via e-mail, letters, and fax to Boards of Education and school districts to provide parents, students, and school staff with the most current SARS information.

ACDC staff responded to hundreds of calls from clinics, healthcare providers, school officials, and the general public. A SARS hotline was established (1-800-989-5255) within a week of the first suspect case in Los Angeles. The hotline provided the public with information on the spread of SARS, as well as the latest travel advisory/alert information in seven languages (English, Spanish, Cantonese, Korean, Mandarin, Vietnamese, and Thai). A SARS website was established with detailed information and hyperlinks to CDC and WHO sites that contained clinical guidelines/protocols for treatment of suspected cases. Attachment One lists some of the SARS information disseminated to the public, health professionals and community partners.

Community Task Force

One of the problems encountered last spring was SARS rumors in Asian communities in the County. This particularly affected businesses in the San Gabriel Valley. At the Board's instructions, we convened a community task force to discuss the issues and make recommendations. The Department participated in several media events designed to reassure community members. This group is available for further consultation this fall and winter.

SARS Planning Group

A SARS Planning Group was convened June 2003 to begin preparation for SARS should it re-emerge during the fall/winter flu season. To date the group has met six times, with weekly meeting beginning in September. The group includes senior staff from a variety of Public Health programs (including ACDC, Public Health Nursing, Public Health Investigation, Training and Organizational Development, Health Assessment and Epidemiology, Public Health Medical Director, Professional Education, Environmental

Health, the Public Health Laboratory, Area Health Officers) and Emergency Medical Services and the Office of Communications.

The group is charged with assuring that processes and procedures are in place to respond to potential cases of SARS in Los Angeles County. This includes enhancing and strengthening existing capacity and specific preparation in the areas of surveillance, communications, training and response. A SARS plan (paralleling the Smallpox Plan completed last year) is in preparation. Many of the needed sections were prepared during the emergency of SARS and are being updated based on guidelines being prepared by the CDC and the California Department of Health Services.

Specific areas identified for development or enhancement including:

Health Authority Issues: Activities in this area include preparation for the isolation and quarantine of patients should they be required.

Surveillance Enhancements: These activities include updating disease investigation/handling procedures, development of a computerized SARS disease reporting system, on-going enhanced surveillance from hospitals and on-going liaison with infection control practitioners at acute care hospitals. A meeting is being scheduled with senior administrative, medical, nursing and infection control staff of DHS hospitals to assure that they identify SARS preparation teams, develop SARS plans, assess and enhance surveillance and early detection systems.

Case Identification/Evaluation Updates: Activities include updating case definition information on the SARS website as CDC releases new guidelines.

Laboratory Enhancements: This includes enhancing lab capacity to conduct confirmatory testing for SARS cases.

Diseases Containment: A major activity will be emphasizing the need for each hospital (public and private) to develop hospital specific SARS plans and review respiratory infection control procedures. Other activities include increasing internal capacity to provide a staff person to focus on illness transmission in hospital and health care settings, developing a train-the-trainer course for hospitals on SARS containment and developing staffing protocols and addressing issues regarding logistics for implementation of isolation or quarantine.

Training: Enhancements in this area include developing a curriculum for physicians and a PowerPoint presentation regarding SARS awareness for non-clinical staff to be used by the Public Health Speaker's Bureau, enhancing SARS specific training for the Speaker's Bureau and Public Health Rapid Response Teams and developing and implementing updated SARS public education materials.

Communications: Activities include enhancing hot-line capacity, updating and translating SARS specific materials, updating the SARS information line, disseminating provider and public information through the SARS website, enhancing methods to rapidly alert physicians and updating and enhancing fact sheets for patients, public and health professionals.

If you have any questions or need additional information please contact either of us.

TLG:JEF:al
tgjfes100803SARS update

Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

Information Distributed Regarding SARS

SARS Health Update (3/31/03)

- Faxed to:
 - Hospital Infection Control Practitioners (ICPs)
 - County Hospital Administrative Offices
- Emailed to:
 - LADIR listserv
 - LA Care contact
 - Hospital ICP
 - Physicians
 - Emergency Medicine
 - Infectious Disease
 - Pulmonary
 - Area Health Officers
 - ACDC Staff
 - Area Medical Directors
 - Nurse Managers

SARS Frequently Asked Questions (3/31/03)

- Emailed:
 - LA Care contact
 - Hospital ICP
 - Area Health Officers
 - ACDC Staff
 - Area Medical Directors
 - Nurse Managers
 - PPP/Community Clinics

SARS Update: including Los Angeles County Frequently Asked Questions and Modified CDC single-page Fact Sheet (4/4/03_

- Emailed and Faxed to School District Managers
- Emailed to Los Angeles County Office of Education contact Frank Kwan for distribution to School District Superintendents

SARS Hospital CEO Letter with Public Notice and SARS and Fact Sheet as attachments (4/10/03)

- Emailed and Faxed to Hospital ICPs

SARS CEO Letter, Public Notice and Fact Sheet 4/11/03

- To be faxed to Emergency Departments by Carol Gunter

SARS Interim Domestic Guidance for Schools (4/11/03)

- To be faxed to School District Nurse Managers

SARS Public Notice UPDATE (4/22/03)

- Emailed and Faxed to ICPs

SARS Public Notice UPDATE (4/23/03)

- Emailed to Emergency Medical Services for distribution to “Emergency Department” list

Letter from Dr. Fielding, SARS Case Summary and SARS Public Notice Update (English, Spanish and Chinese) (4/28/03)

- Emailed to 1,119 Physicians
 - Emergency Medicine
 - Family Practice
 - Geriatric Medicine/Family Practice
 - General Preventive Medicine (GPM)
 - General Practice
 - Public Health and GPM
 - Critical Care Medicine
 - Infectious Disease
 - Internal Medicine
 - Geriatric Medicine
 - Pediatric
 - Pediatric Infectious Disease
 - Pediatric Emergency Medicine
 - Pulmonary Disease
- Emailed to the LADIR ListServ 4/28/03

SARS N95 Mask Revision Letter (5/9/03)

- Emailed to ICPs
 - Letter with 3 CDC Guideline files
- Faxed to ICPs (Letter only)

SARS Update ICP 5/23/03

- Faxed ICPs the One page letter with links to web pages
- E-mailed ICPs the Cover letter plus attachments

SARS and Schools and Colleges 6/5/03

- Emailed to Frank Kwan and District Nurse Managers
- Snail mail to LAC Colleges